

Name

jan 14 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office: ,

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

			Office.	
Edward J. MA	Zuvek		House	☐ Senate
Mailing address			District	
65 BEED St.			47	
City, zip code	~*************************************	AAAANIINAMIINAMAAAAAAAAAAAAAAAAAAAAAAAA	Phone .	winding of superior s
City, zip code Rockland Me 04841			1-207-	594-564
PART 1. INCOM	ME DERIVED FROM F	EMPLOYMENT BY AN	OTHER	
List the name and address of each employer from	om whom you received	componentian of \$1,000		
economic activity of each employer.	om whom you received	compensation of \$1,000	or more. Specify t	ne principal type of
			Dringer of T	pe of Economic
Name of Employer	A	ddress		of Employer
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		OM SELF-EMPLOYME	NT	
	or Legislators who are	consideration of the second	NET THE RESIDENCE OF THE PERSON	Sales manifestation to the
 A. List the name and address of your business, associated with a partnership, firm, professional 	association, or similar t	or areas of economic activ cousiness entity, list the m	nty from which you ajor areas of econo	derived income. If omic activity of that
entity.			•	ĺ
	industries i volumente de proportes que nomente demanda en senio estatistica (describes describes		Major Are	as of Economic
Name and Address of Business Entity	, Major Ai	reas of Economic Activity (self)	CONTRACTOR CONTRACTOR CONTRACTOR (Contractor)	Activity Issociation or similar
			and referring a transfer for a figure of the first section and the	ness entity)
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Address:			beleder James	•
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Address:	Veril Co. Co.	•	o o transmission de la companie de l	č
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PART 2 (continued). INCOME DERIVED FF (For Legislators, who are self-er		
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you derived ics, specify only the principal ty	such income. If this form of ype of economic activity of the
Name and Address of Source	Activ	rincipal Type of Economic vity of Entity or Person Who is the Source of the Income
Name:	The section of the se	
Address:		- Strandard Hallandard Halland Strategy and Assessment Assessment (Assessment Strategy) (Assessment Strategy)
Name: Address:	Conference	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	eas of practice of your firm. Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name:	77/ Angertalian	(B) reverbers with the
Address:		
Name:		ment of the second of the seco
Address:		TO A STATE OF THE
PART 4. OTHER SOURCES (OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gifts. If r	none, check the box.
None		
Name and Address of Source	en e	Kind of Income nvestments, leases, etc.)
Name: ME, Statz Retirement	FEN	15/ON/Teacher
Address: Augusta		
Name: 3 Whit Rental Property		ENTS
Address: 54 Broad St. Rockland Me	**************************************	<i></i>
PART 5. REPORTABLE LIA		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the reportir is from a relative. If none, che	ng period, and list the major ck the box.
None	No mention de la communicación de fortier de la material de la companya de montre de la companya del companya de la companya de la companya del companya de la companya del la companya de	39mile Albert (1995-1986) (Albert (1984-1981) A viribbit vield voor deelbake (Albert (1984-1984) (Albert (
Name and Address of Creditor	Pri	incipal Type of Economic Activity of Creditor
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Address:		
Name:	Million of a septimal process of the second	the MINISTER CALL TO CHARLES COMMISSION COMMISSION CAN AN ANALYSIS MANUSCALE STATE OF THE STATE
• 11	and party	

PART 6	. REPORTABLE GIFT:		
List the specific source of each gift of more than \$300. Inconne, check the box.	dude gifts with an aggrega	te value of more than \$300 from	n a single source. If
None	echtes (* vertre Attention (title er Attention vertre de vertre til vereta kylkense kuns vertre property que ege general	$\label{eq:constraints} \mathcal{H}^{(n)}(\mathcal{H}^{n-1}(\mathcal{H}^{n-$	economics was secured to preside the second to the second
Name of Source of Gift 1.	3.	Name of Source of Gift	
2.	4.		Notice has the first and the first of the state of the second of the second and a second as a second as graphic
PART 7. R List the source of any honoraria accepted for appearances o	EPORTABLE HONORA or speeches related to your		ne, check the box.
None Name of Source of Honoraria		Name of Source of Honoraria	**************************************
2.	4.	(Shahadarindiga dibi, kesaya musar asam (Shahaman)	nothborid and Link Link Mallinder Square (L), Elevery comments
	ITATION BEFORE STA		
List each executive branch agency before which you repres box.	ented or assisted others for	or compensation of any amount.	If none, check the
None Name of Agency		Name of Agency	
1.	3.	Ndille of rigerby	
2.	timeterhedischend timeterin in des sieder der der der der der der der der der	6000 Medical Andread A	AMMERICAN BURNESS AND
List each executive branch agency to which you or a memb	NESS WITH STATE AG		a value in excess of
\$1,000 during the reporting period. If none, check the box. □ None			- Annahali wasiinkii Andaha Annahali ilia ilia ilia ilia ilia ilia ilia
Name of Agency		Name of Agency	
1.	3.		PARCONIC CONTINUES AND
2.	4.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PART 10. INCOME RECEIV	ED BY MEMBERS OF I	MMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. include gifts.	If your spouse or domestic partr	domestic partner or ner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activi Representing Source o Income Received	f Relationship Kind	of Income
Name: MARYETHEN Mazurek Job Title: Real Es Late Broker	1. SAIES 2.	Spouse or Domestic 2.	551071
Job Title: Rul Es Late Broker	3.	Partner 3.	
If dependent child(ren) receive more than \$1,000 of income	The control of the co	Dependent Child	20 x x x x x x x x x x x x x x x x x x x
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	

None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Comper sated?
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	SIGNATURE			
Legislator who willfully fails to file a required statement	ent is subject to a fine of	up to \$100 /1 M	IPSA 8 1017 /	<u> </u>
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Edward J. Mozerch Signature	energy and the second s	Da Da	ate	
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	TIONAL INFORMATION	Da	ate	
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PART 11. OFFICER OR DIRECTOR POSITIONS